

**ON-SITE INSPECTION
ATTENDANCE REPORT**

ARIZONA
DEPARTMENT OF CORRECTIONS
1601 W. Jefferson, MC. 55302
PHOENIX, ARIZONA 85007

SOLICITATION NO. ADOC12-00001105

DESCRIPTION: Privatization of all Correctional Health Services

LOCATION/INSTITUTION ASPC-Phoenix

An On-Site Inspection as cited above is scheduled at 2:00 pm
on November 3, 2011 with the following Offerors in attendance. (Please have Offerors sign on Attachment A)

The purpose of this Inspection is to allow Offerors the opportunity of a visual evaluation of the required task, familiarization with the facility(s) and to verbally have questions answered concerning interpretation or clarification prior to submitting a proposal. Any questions not construed as interpretation or clarification must be addressed by the Procurement Services Office. **The Offerors should be instructed to submit in writing any questions or concerns to the Procurement Services Office immediately following the on-site inspection. Questions may be faxed to the Procurement Services Office at (602) 364-3790. Please instruct Offerors that questions not forwarded immediately following the on-site inspection may result in not being answered due to inadequate time to respond to the questions.**

It is the responsibility of the DOC Representative to ensure that all Offerors in attendance sign Attachment A. This form, and Attachment A, must be returned to the Procurement Services Office, 1601 W. Jefferson, Mail Code 55302, Fax (602) 364-3790, upon completion of this meeting. This form will become a permanent record of the request for proposal file. **Failure to return this form may result in a delay in the solicitation process or a final award being made.**


DOC REPRESENTATIVE COMPLETING/SUBMITTING

11/3/11 DATE

RHA
TITLE OF REPRESENTATIVE ABOVE

ON-SITE INSPECTION
ATTENDANCE REPORT - ASPC-I Phoenix
November 3, 2011
Attachment A
SOLICITATION NO: ADOC12-00001105

Company Name: BCA
Contact Person: Ramona Mills
Address: 2002 Summit Blvd. Ste. 880
City/State/Zip: Atlanta, GA 30319
Phone Number: 678-221-9003
Fax Number: 478-256-3548
Cell

Company Name: Wexford
Contact Person: Edward McKel
Address: 425 Holiday Dr.
City/State/Zip: Pittsburgh, PA 15220
Phone Number: 412-937-8590
Fax Number: 412-937-8599

Company Name: CHC
Contact Person: Erica Burkholder
Address: 9000 N. Lindberg Dr.
City/State/Zip: Peoria, IL 61615
Phone Number: 419-900-3144
Fax Number: 780-450-3449

Company Name: Corizon
Contact Person: Lance Thompson
Address: 105 Westpark Dr
City/State/Zip: Brentwood, TN
Phone Number: 615-309-9430
Fax Number: _____

Company Name: Corizon
Contact Person: David Thompson
Address: 105 Westpark Dr
City/State/Zip: Brentwood TN 37027
Phone Number: 615 376 1308
Fax Number: 615 309 9430

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

ON-SITE INSPECTION
A1 ENDANCE REPORT - ASPC-Phoenix
November 3, 2011
Attachment A
SOLICITATION NO: ADOC12-00001105

Company Name: Wexford Health Sources
Contact Person: Cheryl Long
Address: 1011 Riverview Lane
City/State/Zip: Ashland City, TN 37015
Phone Number: 615 337 5573
Fax Number: 615-246-2723

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: Corrections Healthcare Companies
Contact Person: Jim Clenney / M. LYNAS / TERRY JOLEY
Address: 6200 S. Syracuse Way
City/State/Zip: Greenwood Village Co 80111
Phone Number: 320-366-2135
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: ANKA BHI
Contact Person: Kieran to choose Meli / KENNEDY
Address: 1850 GARDENWAY BLVD #900
City/State/Zip: CONCORD, CA 94520
Phone Number: 925.825.4700
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

ON-SITE INSPECTION
ATTENDANCE REPORT - ASPC-P enix
November 3, 2011
Attachment A
SOLICITATION NO: ADOC12-00001105

MMH Services, Inc

Company Name: DEBORAH Crook
Contact Person: 1623 Springhill Rd
Address: Suite 600
City/State/Zip: Vienna VA 22182
Phone Number: 1-800-416-3649
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: Corizon
Contact Person: Mark Fleming
Address: 12647 Olive Blvd
City/State/Zip: St Louis, MO 63101
Phone Number: 314-919-9478
Fax Number: 314-919-9666

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: Corizon
Contact Person: Linda Hammer
Address: 2455 Stalligat Dr.
City/State/Zip: Nappy Jack AZ 86034
Phone Number: 908-477-2788
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

ON-SITE INSPECTION
ATTENDANCE REPORT - ASPC-Fenix
November 3, 2011
Attachment A
SOLICITATION NO: ADOC12-00001105

Company Name: MHM Services
Contact Person: Steve Timmons
Address: 1593 Spring Hill Rd
City/State/Zip: Vienna VA 22182
Phone Number: 832-633-0638
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
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Fax Number: _____

Company Name: _____
Contact Person: _____
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City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: _____
Contact Person: _____
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City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

**ON-SITE INSPECTION
ATTENDANCE REPORT**

ARIZONA
DEPARTMENT OF CORRECTIONS
1601 W. Jefferson, MC. 55302
PHOENIX, ARIZONA 85007

SOLICITATION NO. ADOC12-00001105

DESCRIPTION: Privatization of all Correctional Health Services

LOCATION/INSTITUTION ASPC-Globe

An On-Site Inspection as cited above is scheduled at 9:00 am
on November 4, 2011 with the following Offerors in attendance. (Please have Offerors sign on Attachment A)

The purpose of this Inspection is to allow Offerors the opportunity of a visual evaluation of the required task, familiarization with the facility(s) and to verbally have questions answered concerning interpretation or clarification prior to submitting a proposal. Any questions not construed as interpretation or clarification must be addressed by the Procurement Services Office. **The Offerors should be instructed to submit in writing any questions or concerns to the Procurement Services Office immediately following the on-site inspection. Questions may be faxed to the Procurement Services Office at (602) 364-3790. Please instruct Offerors that questions not forwarded immediately following the on-site inspection may result in not being answered due to inadequate time to respond to the questions.**

It is the responsibility of the DOC Representative to ensure that all Offerors in attendance sign Attachment A. This form, and Attachment A, must be returned to the Procurement Services Office, 1601 W. Jefferson, Mail Code 55302, Fax (602) 364-3790, upon completion of this meeting. This form will become a permanent record of the request for proposal file. **Failure to return this form may result in a delay in the solicitation process or a final award being made.**



DOC REPRESENTATIVE COMPLETING/SUBMITTING

11/4/11

DATE

RHA

TITLE OF REPRESENTATIVE ABOVE

ON-SITE INSPECTION
AT - ENDANCE REPORT - ASPC - Globe
November 4, 2011
Attachment A
SOLICITATION NO: ADOC12-00001105

Company Name: Correctional Healthcare Co
Contact Person: Jim Clenney and Ted Tolley
Address: 6200 S. Syracuse
City/State/Zip: Greenwood Village Co 80111
Phone Number: 320-366-2135
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: ANKA BHI
Contact Person: Mai-Li Hennen / Kierstan Gilmore
Address: 1850 GATEWAY BLVD #900
City/State/Zip: CONCORD, CA
Phone Number: 925 825 4700
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: ~~Cheney & Co~~ Welxord Health
Contact Person: Cheryl Long
Address: 1011 Riverview Lane
City/State/Zip: Ashland City TN 37015
Phone Number: 615 337 5573
Fax Number: 615 246 7723

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

ON-SITE INSPECTION
ATTENDANCE REPORT - ASPC Jobe
November 4, 2011
Attachment A
SOLICITATION NO: ADOC12-00001105

Company Name: MHM Services
Contact Person: Steve Timmer
Address: 1573 Spring Hill Rd
City/State/Zip: Vienet VA 22182
Phone Number: 832-633-0638
Fax Number: _____

Company Name: Corizon
Contact Person: David Thompson
Address: 105 Westpark Dr.
City/State/Zip: Brentwood TN 37027
Phone Number: 615 376-1308
Fax Number: _____

Company Name: Corizon
Contact Person: Vickie Bybee
Address: 4550 S. Fresno St
City/State/Zip: Chandler, AZ 85249
Phone Number: 480-656-5706
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: Corizon
Contact Person: Mark Fleming
Address: 12647 Olive Blvd.
City/State/Zip: St. Louis, MO 63101
Phone Number: 314-919-9478
Fax Number: 314-919-9668

Company Name: Wexford
Contact Person: Edward McNeil
Address: 8425 Holiday Dr.
City/State/Zip: Pittsburgh, PA 15220
Phone Number: 412-937-8590
Fax Number: 412-937-8599

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

**ON-SITE INSPECTION
ATTENDANCE REPORT**

ARIZONA
DEPARTMENT OF CORRECTIONS
1601 W. Jefferson, MC. 55302
PHOENIX, ARIZONA 85007

SOLICITATION NO. ADOC12-00001105

DESCRIPTION: Privatization of all Correctional Health Services

LOCATION/INSTITUTION ASPC-Perryville

An On-Site Inspection as cited above is scheduled at 9:00 am
on November 7, 2011 with the following Offerors in attendance. (Please have Offerors sign on Attachment A)

The purpose of this Inspection is to allow Offerors the opportunity of a visual evaluation of the required task, familiarization with the facility(s) and to verbally have questions answered concerning interpretation or clarification prior to submitting a proposal. Any questions not construed as interpretation or clarification must be addressed by the Procurement Services Office. **The Offerors should be instructed to submit in writing any questions or concerns to the Procurement Services Office immediately following the on-site inspection. Questions may be faxed to the Procurement Services Office at (602) 364-3790. Please instruct Offerors that questions not forwarded immediately following the on-site inspection may result in not being answered due to inadequate time to respond to the questions.**

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DOC REPRESENTATIVE COMPLETING/SUBMITTING

11/7/11 DATE

RHA
TITLE OF REPRESENTATIVE ABOVE

ON-SITE INSPECTION
ATTENDANCE REPORT -- ASPC-Perryville
November 7, 2011
Attachment A
SOLICITATION NO: ADOC12-00001105

Company Name: MHM
Contact Person: Deb Crook
Address: 1593 Spring Hill Rd
City/State/Zip: Vienna Va
Phone Number: 6364482485
Fax Number: 7037454604

Company Name: Corizon
Contact Person: Vickie Bybee
Address: 4550 S. Eresaut
City/State/Zip: Chandler, AZ
Phone Number: 480-656-5706
Fax Number: _____

Company Name: CHC
Contact Person: Telidiah Smith
Address: 6200 S. Syracuse Way 440
City/State/Zip: Greenwood Village CO 80111
Phone Number: 720-622-8056
Fax Number: _____

Company Name: CHC
Contact Person: Jim Clenney
Address: 6200 S. Syracuse Way 440
City/State/Zip: Greenwood Village CO. 80111
Phone Number: 520-366-2135
Fax Number: _____

Company Name: Corizon
Contact Person: David Thompson
Address: 105 Westpark Dr
City/State/Zip: Brentwood TN 37027
Phone Number: 615 376-1308
Fax Number: 615 309-9430

Company Name: WEXFORD
BY RISTOMER
Contact Person: ANDREA KENT
Address: P.O. Box 311
City/State/Zip: LOS LUNAS, NM 87031
Phone Number: 505-261-2093
Fax Number: 505-916-0009

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

ON-SITE INSPECTION
ATTENDANCE REPORT – ASPC-Perryville
November 7, 2011
Attachment A
SOLICITATION NO: ADOC12-00001105

Company Name: Citizen
Contact Person: Linda Hammer
Address: 2455 Starlight Dr
City/State/Zip: Dayton, OH 45424
Phone Number: 938-694-6556
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: Welford Health
Contact Person: Cheryl Long
Address: 1011 Riverview Lane
City/State/Zip: Ashland City TN 37015
Phone Number: 615 337 5873
Fax Number: 615 246-2723

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: _____
Contact Person: _____
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Fax Number: _____

Company Name: _____
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Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

**ON-SITE INSPECTION
ATTENDANCE REPORT**

ARIZONA
DEPARTMENT OF CORRECTIONS
1601 W. Jefferson, MC. 55302
PHOENIX, ARIZONA 85007

SOLICITATION NO. ADOC12-00001105

DESCRIPTION: Privatization of all Correctional Health Services

LOCATION/INSTITUTION ASPC-Byman

An On-Site Inspection as cited above is scheduled at 9:00 am
on November 8, 2011 with the following Offerors in attendance. (Please have Offerors sign on Attachment A)

The purpose of this Inspection is to allow Offerors the opportunity of a visual evaluation of the required task, familiarization with the facility(s) and to verbally have questions answered concerning interpretation or clarification prior to submitting a proposal. Any questions not construed as interpretation or clarification must be addressed by the Procurement Services Office. **The Offerors should be instructed to submit in writing any questions or concerns to the Procurement Services Office immediately following the on-site inspection. Questions may be faxed to the Procurement Services Office at (602) 364-3790. Please instruct Offerors that questions not forwarded immediately following the on-site inspection may result in not being answered due to inadequate time to respond to the questions.**

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DOC REPRESENTATIVE COMPLETING/SUBMITTING

11/8/11 DATE

RHA

TITLE OF REPRESENTATIVE ABOVE

ON-SITE INSPECTION
ATTENDANCE REPORT – ASPC-Eyman
November 8, 2011
Attachment A
SOLICITATION NO: ADOC12-00001105

Company Name: Corizon
Contact Person: Linda Hammer
Address: 2455 Starlight Dr
City/State/Zip: Napa, CA, AZ 86024
Phone Number: 988-699-6556
Fax Number: _____

Company Name: UHM
Contact Person: KATHY BRISCOE
Address: 1593 Spring Hill Rd
City/State/Zip: Vienna VA
Phone Number: 636 448 2485
Fax Number: 703 749 4604

Company Name: Wexford Health
Contact Person: Cheryl Long
Address: 1011 Riverview Lane
City/State/Zip: Ashland City TN 37015
Phone Number: 615 337 5573
Fax Number: 615 246 2723

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: CHC
Contact Person: LYAS / JUDITHA / JIM CLEARY
Address: 6200 S. SYRACUSE WAY
City/State/Zip: GREENWOOD WAY. CO.
Phone Number: 720.622.8023
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: Wexford Health
Contact Person: Jan Dawson
Address: 8510 Cardinal Hill Rd
City/State/Zip: Lockport IL 60563
Phone Number: 217-498-5900
Fax Number: 217-498-5944

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

ON-SITE INSPECTION
ATTENDANCE REPORT – ASPC-Eyman
November 8, 2011
Attachment A
SOLICITATION NO: ADOC12-00001105

Company Name: Corizon
Contact Person: Mark Flemms
Address: 12647 Olive Blvd.
City/State/Zip: St. Louis, MO 63101
Phone Number: 314-919-9478
Fax Number: 314-919-9668

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

ON-SITE INSPECTION
ATTENDANCE REPORT – ASPC-Eyman
November 8, 2011
Attachment A
SOLICITATION NO: ADOC12-00001105

Company Name: Corizon
Contact Person: Vickie Bybee
Address: 4550 S. Fresno ST
City/State/Zip: Chandler, AZ 85249
Phone Number: 480-656-5706
Fax Number: _____

Company Name: Corizon
Contact Person: David Thompson
Address: 105 Westpark Drive
City/State/Zip: Brentwood TN 37027
Phone Number: 615 376-1308
Fax Number: 615 309-9430

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: _____
Contact Person: _____
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City/State/Zip: _____
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Company Name: _____
Contact Person: _____
Address: _____
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Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

**ON-SITE INSPECTION
ATTENDANCE REPORT**

ARIZONA
DEPARTMENT OF CORRECTIONS
1601 W. Jefferson, MC. 55302
PHOENIX, ARIZONA 85007

SOLICITATION NO. ADOC12-00001105

DESCRIPTION: Privatization of all Correctional Health Services

LOCATION/INSTITUTION ASPC-Florence

An On-Site Inspection as cited above is scheduled at 9:00 am
on November 9, 2011 with the following Offerors in attendance: (Please have Offerors sign on Attachment A)

The purpose of this Inspection is to allow Offerors the opportunity of a visual evaluation of the required task, familiarization with the facility(s) and to verbally have questions answered concerning interpretation or clarification prior to submitting a proposal. Any questions not construed as interpretation or clarification must be addressed by the Procurement Services Office. **The Offerors should be instructed to submit in writing any questions or concerns to the Procurement Services Office immediately following the on-site inspection. Questions may be faxed to the Procurement Services Office at (602) 364-3790. Please instruct Offerors that questions not forwarded immediately following the on-site inspection may result in not being answered due to inadequate time to respond to the questions.**

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DOC REPRESENTATIVE COMPLETING/SUBMITTING

11/9/11 DATE

RHA-

TITLE OF REPRESENTATIVE ABOVE

ON-SITE INSPECTION
ATTENDANCE REPORT – ASPC-Florence
November 9, 2011
Attachment A
SOLICITATION NO: ADOC12-00001105

Company Name: Corizon

Contact Person: Linda Hammer

Address: 2455 Stailight Dr

City/State/Zip: Nappy Jack AZ 86024

Phone Number: 928-699-1506

Fax Number: _____

Company Name: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Fax Number: _____

Company Name: Corizon

Contact Person: David Thompson

Address: 105 Westpark Dr.

City/State/Zip: Brentwood TN 37027

Phone Number: 615 376-1308

Fax Number: 615 309-9430

Company Name: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Fax Number: _____

Company Name: Corizon

Contact Person: Wickie Bybee

Address: 4550 S. Fresno ST

City/State/Zip: Chandler, AZ

Phone Number: 480-656-5706

Fax Number: _____

Company Name: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Fax Number: _____

Company Name: CNC

Contact Person: Jim Clenney/M. Hyatt/J. Smith

Address: 6200 S. Syracuse way

City/State/Zip: Greenwood Village CO

Phone Number: 520-366-2135

Fax Number: _____

Company Name: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Fax Number: _____

ON-SITE INSPECTION
ATTENDANCE REPORT – ASPC-Florence
November 9, 2011
Attachment A
SOLICITATION NO: ADOC12-00001105

Company Name: Wexford Health
Contact Person: Tom Dawson
Address: 8510 Cardinal Hill Road
City/State/Zip: Rochester MS 38663
Phone Number: 217-498-5900
Fax Number: 217-498-5944

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: Wexford Health
Contact Person: Cheryl Long
Address: 1011 Riverview Lane
City/State/Zip: Ashland City TN 37015
Phone Number: 6153375573
Fax Number: 615246-2723

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: MHM
Contact Person: Kathy Briscoe
Address: 1593 Spring Hill Rd
City/State/Zip: Vienna VA
Phone Number: 7036482485
Fax Number: 7037494604

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

**ON-SITE INSPECTION
ATTENDANCE REPORT**

ARIZONA
DEPARTMENT OF CORRECTIONS
1601 W. Jefferson, MC. 55302
PHOENIX, ARIZONA 85007

SOLICITATION NO. ADOC12-00001105

DESCRIPTION: Privatization of all Correctional Health Services

LOCATION/INSTITUTION ASPC-Florence-Picacho

An On-Site Inspection as cited above is scheduled at 2:00 pm
on November 9, 2011 with the following Offerors in attendance. (Please have Offerors sign on Attachment A)

The purpose of this Inspection is to allow Offerors the opportunity of a visual evaluation of the required task, familiarization with the facility(s) and to verbally have questions answered concerning interpretation or clarification prior to submitting a proposal. Any questions not construed as interpretation or clarification must be addressed by the Procurement Services Office. **The Offerors should be instructed to submit in writing any questions or concerns to the Procurement Services Office immediately following the on-site inspection. Questions may be faxed to the Procurement Services Office at (602) 364-3790. Please instruct Offerors that questions not forwarded immediately following the on-site inspection may result in not being answered due to inadequate time to respond to the questions.**

It is the responsibility of the DOC Representative to ensure that all Offerors in attendance sign Attachment A. This form, and Attachment A, must be returned to the Procurement Services Office, 1601 W. Jefferson, Mail Code 55302, Fax (602) 364-3790, upon completion of this meeting. This form will become a permanent record of the request for proposal file. **Failure to return this form may result in a delay in the solicitation process or a final award being made.**

[Signature]
DOC REPRESENTATIVE COMPLETING/SUBMITTING

11/9/11 DATE

[Signature]
TITLE OF REPRESENTATIVE ABOVE

ON-SITE INSPECTION
ATTENDANCE REPORT – ASPC-Florence-Picacho
November 9, 2011
Attachment A
SOLICITATION NO: ADOC12-00001105

No Shortcuts

Company Name: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Fax Number: _____

Company Name: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Fax Number: _____

Company Name: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Fax Number: _____

Company Name: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Fax Number: _____

Company Name: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Fax Number: _____

Company Name: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Fax Number: _____

Company Name: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Fax Number: _____

Company Name: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Fax Number: _____

**ON-SITE INSPECTION
ATTENDANCE REPORT**

ARIZONA
DEPARTMENT OF CORRECTIONS
1601 W. Jefferson, MC. 55302
PHOENIX, ARIZONA 85007

SOLICITATION NO. ADOC12-00001105

DESCRIPTION: Privatization of all Correctional Health Services

LOCATION/INSTITUTION ASPC-Lewis

An On-Site Inspection as cited above is scheduled at 9:00 am
on November 10, 2011 with the following Offerors in attendance. (Please have Offerors sign on Attachment A)

The purpose of this Inspection is to allow Offerors the opportunity of a visual evaluation of the required task, familiarization with the facility(s) and to verbally have questions answered concerning interpretation or clarification prior to submitting a proposal. Any questions not construed as interpretation or clarification must be addressed by the Procurement Services Office. **The Offerors should be instructed to submit in writing any questions or concerns to the Procurement Services Office immediately following the on-site inspection. Questions may be faxed to the Procurement Services Office at (602) 364-3790. Please instruct Offerors that questions not forwarded immediately following the on-site inspection may result in not being answered due to inadequate time to respond to the questions.**

It is the responsibility of the DOC Representative to ensure that all Offerors in attendance sign Attachment A. This form, and Attachment A, must be returned to the Procurement Services Office, 1601 W. Jefferson, Mail Code 55302, Fax (602) 364-3790, upon completion of this meeting. This form will become a permanent record of the request for proposal file. **Failure to return this form may result in a delay in the solicitation process or a final award being made.**



DOC REPRESENTATIVE COMPLETING/SUBMITTING

11/10/11

DATE

RHA

TITLE OF REPRESENTATIVE ABOVE

ON-SITE INSPECTION
ATTENDANCE REPORT - ASPC-Lewis
November 10, 2011
Attachment A
SOLICITATION NO: ADOC12-00001105

Company Name: Wexford Health
Contact Person: Cheryl Long
Address: 1011 Riverbend Lane
City/State/Zip: Ashland City TN 37015
Phone Number: 615 337 5573
Fax Number: 615 246 2723

Company Name: MHM
Contact Person: KATHY Beisoe
Address: _____
City/State/Zip: Vienna, Va
Phone Number: 636 448 2886
Fax Number: _____

Company Name: Wexford Health
Contact Person: Tom Klassen
Address: 8510 Cardinal Hill Road
City/State/Zip: Rochester IL 62563
Phone Number: 217-498-5900
Fax Number: 217-498-5944

Company Name: Corizon
Contact Person: Dave Thompson
Address: 105 Westpark Dr
City/State/Zip: Brentwood TN 37027
Phone Number: 615 367 1308
Fax Number: 615 309 9430

Company Name: Corizon
Contact Person: Linda Hamner
Address: 2450 Starlight Dr
City/State/Zip: Nappy Jack, AZ 86024
Phone Number: 928-699-6556
Fax Number: _____

Company Name: Corizon
Contact Person: Vickie Bybee
Address: 4550 S. Fresno ST
City/State/Zip: Chandler, AZ
Phone Number: 480-656-5706
Fax Number: _____

Company Name: Correction Health Care Co.
Contact Person: Ted Tolley
Address: 1622 MacDavis Ln
City/State/Zip: Lynchburg, VA 24501
Phone Number: 520-248-3076
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

**ON-SITE INSPECTION
ATTENDANCE REPORT**

**ARIZONA
DEPARTMENT OF CORRECTIONS
1601 W. Jefferson, MC. 55302
PHOENIX, ARIZONA 85007**

SOLICITATION NO. ADOC12-00001105


DESCRIPTION: Privatization of all Correctional Health Services

LOCATION/INSTITUTION ASPC-Tucson

An On-Site Inspection as cited above is scheduled at 9:00 am
on November 15, 2011 with the following Offerors in attendance. (Please have Offerors sign on Attachment A)

The purpose of this Inspection is to allow Offerors the opportunity of a visual evaluation of the required task, familiarization with the facility(s) and to verbally have questions answered concerning interpretation or clarification prior to submitting a proposal. Any questions not construed as interpretation or clarification must be addressed by the Procurement Services Office. The Offerors should be instructed to submit in writing any questions or concerns to the Procurement Services Office immediately following the on-site inspection. Questions may be faxed to the Procurement Services Office at (602) 364-3790. Please instruct Offerors that questions not forwarded immediately following the on-site inspection may result in not being answered due to inadequate time to respond to the questions.

It is the responsibility of the DOC Representative to ensure that all Offerors in attendance sign Attachment A. This form, and Attachment A, must be returned to the Procurement Services Office, 1601 W. Jefferson, Mail Code 55302, Fax (602) 364-3790, upon completion of this meeting. This form will become a permanent record of the request for proposal file. Failure to return this form may result in a delay in the solicitation process or a final award being made.


DOC REPRESENTATIVE COMPLETING/SUBMITTING
RICHARD PRATT

NOV. 15, 2011

DATE

REGIONAL HEALTH ADMINISTRATOR
TITLE OF REPRESENTATIVE ABOVE

ON-SITE INSPECTION
ATTENDANCE REPORT - ASPC-Tucson
November 15, 2011
Attachment A
SOLICITATION NO: ADOC12-00001105

Company Name: MM Services
Contact Person: Kathi Murray
Address: _____
City/State/Zip: _____
Phone Number: 772-48-0401
Fax Number: _____

Company Name: Correctional Health Companies
Contact Person: Ted Tolley
Address: 6200 S. Syracuse Way
City/State/Zip: Greenwood Village, CO
Phone Number: 320-248-3876 8011
Fax Number: _____

Company Name: Corizon
Contact Person: David Thompson
Address: 105 Westpark Dr.
City/State/Zip: Brentwood TN 37027
Phone Number: 615-376-1308
Fax Number: 615-309-9430

Company Name: Correctional Healthcare Corp
Contact Person: Fin Clenney
Address: 6200 S. Syracuse Way
City/State/Zip: Greenwood Village CO
Phone Number: 520-366-2135
Fax Number: _____

Company Name: Corizon
Contact Person: Kyle Saville
Address: 105 Westpark Dr. Ste. 200
City/State/Zip: Brentwood, TN 37027
Phone Number: 615-509-6280
Fax Number: 615-329-9430

Company Name: Wentford Health
Contact Person: Cheryl Long
Address: 101 Riverside Lane
City/State/Zip: Ashland City TN 37015
Phone Number: 615-630-3091
Fax Number: _____

Company Name: Corizon
Contact Person: Mark Fleming
Address: 12647 Olive Blvd.
City/State/Zip: St. Louis, MO 63101
Phone Number: 314-919-9478
Fax Number: 314-919-9648

Company Name: Wentford Health
Contact Person: Martina Wilkerson
Address: 725 Tempe La
City/State/Zip: Camp Verde AZ
Phone Number: 727-202-6792
Fax Number: _____

ON-SITE INSPECTION
ATTENDANCE REPORT – ASPC-Tucson
November 15, 2011
Attachment A
SOLICITATION NO: ADOC12-00001105

Company Name: Tom Hassen Weiford
Contact Person: Tom Hassen
Address: 8510 Cardinal Hill Rd.
City/State/Zip: Rochester, Mass 01603
Phone Number: 217-498-5900
Fax Number: 217-498-5944

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

**ON-SITE INSPECTION INSTRUCTIONS
FOR DOC REPRESENTATIVE**

SOLICITATION NO: ADOC12-00001105

The on-site inspection is for the Offerors to visually inspect the site and familiarize themselves with the facility prior to submitting a proposal. The DOC Representative shall tour the facility with the Offerors in the areas of the facility that the services specified is to be performed.

Should the Offerors have questions of clarification or interpretation of a generic nature in the solicitation, these can be answered by the DOC Representative. If the Offerors have any questions that would change the scope of work or specifications in the solicitation, these can only be changed through the Procurement Services Office via a solicitation amendment. If these types of questions arise, please identify to the Offerors that they must submit their questions, in writing immediately to the Procurement Services Office after the on-site inspection.

**ON-SITE INSPECTION
ATTENDANCE REPORT**

ARIZONA
DEPARTMENT OF CORRECTIONS
1601 W. Jefferson, MC. 55302
PHOENIX, ARIZONA 85007

SOLICITATION NO. ADOC12-00001105

DESCRIPTION: Privatization of all Correctional Health Services

LOCATION/INSTITUTION ASPC-Tucson-SACRC Unit

An On-Site Inspection as cited above is scheduled at 2:00 pm
on November 15, 2011 with the following Offerors in attendance. (Please have Offerors sign on Attachment A)

The purpose of this Inspection is to allow Offerors the opportunity of a visual evaluation of the required task, familiarization with the facility(s) and to verbally have questions answered concerning interpretation or clarification prior to submitting a proposal. Any questions not construed as interpretation or clarification must be addressed by the Procurement Services Office. **The Offerors should be instructed to submit in writing any questions or concerns to the Procurement Services Office immediately following the on-site inspection. Questions may be faxed to the Procurement Services Office at (602) 364-3790. Please instruct Offerors that questions not forwarded immediately following the on-site inspection may result in not being answered due to inadequate time to respond to the questions.**

It is the responsibility of the DOC Representative to ensure that all Offerors in attendance sign Attachment A. This form, and Attachment A, must be returned to the Procurement Services Office, 1601 W. Jefferson, Mail Code 55302, Fax (602) 364-3790, upon completion of this meeting. This form will become a permanent record of the request for proposal file. **Failure to return this form may result in a delay in the solicitation process or a final award being made.**



DOC REPRESENTATIVE COMPLETING/SUBMITTING

11/15/11

DATE

R.H.P.

TITLE OF REPRESENTATIVE ABOVE

ON-SITE INSPECTION
ATTENDANCE REPORT – ASPC-Tucson-SACRC Unit
November 15, 2011
Attachment A
SOLICITATION NO: ADOC12-00001105

- NONE -

Company Name: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Fax Number: _____

Company Name: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Fax Number: _____

Company Name: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Fax Number: _____

Company Name: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Fax Number: _____

Company Name: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Fax Number: _____

Company Name: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Fax Number: _____

Company Name: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Fax Number: _____

Company Name: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Fax Number: _____

**ON-SITE INSPECTION
ATTENDANCE REPORT**

ARIZONA
DEPARTMENT OF CORRECTIONS
1601 W. Jefferson, MC. 55302
PHOENIX, ARIZONA 85007

SOLICITATION NO. ADOC12-00001105

DESCRIPTION: Privatization of all Correctional Health Services

LOCATION/INSTITUTION ASPC-Winslow

An On-Site Inspection as cited above is scheduled at 9:00 am
on November 16, 2011 with the following Offerors in attendance. (Please have Offerors sign on Attachment A)

The purpose of this Inspection is to allow Offerors the opportunity of a visual evaluation of the required task, familiarization with the facility(s) and to verbally have questions answered concerning interpretation or clarification prior to submitting a proposal. Any questions not construed as interpretation or clarification must be addressed by the Procurement Services Office. **The Offerors should be instructed to submit in writing any questions or concerns to the Procurement Services Office immediately following the on-site inspection. Questions may be faxed to the Procurement Services Office at (602) 364-3790. Please instruct Offerors that questions not forwarded immediately following the on-site inspection may result in not being answered due to inadequate time to respond to the questions.**

It is the responsibility of the DOC Representative to ensure that all Offerors in attendance sign Attachment A. This form, and Attachment A, must be returned to the Procurement Services Office, 1601 W. Jefferson, Mail Code 55302, Fax (602) 364-3790, upon completion of this meeting. This form will become a permanent record of the request for proposal file. **Failure to return this form may result in a delay in the solicitation process or a final award being made.**



DOC REPRESENTATIVE COMPLETING/SUBMITTING

11/16/11 DATE

RHA

TITLE OF REPRESENTATIVE ABOVE

ON-SITE INSPECTION
ATTENDANCE REPORT - ASPC-Winslow
November 16, 2011
Attachment A
SOLICITATION NO: ADOC12-00001105

Company Name: MHM
Contact Person: Deborah Crook
Address: 1593 Spring Hill Rd
City/State/Zip: Vienna VA 22182
Phone Number: 334-549-2552
Fax Number: (703) 749-4600

Company Name: Correctional Healthcare Co.
Contact Person: F. M. Cleuney
Address: 6200 S. Synapse Way
City/State/Zip: Greenwood Village, CO
Phone Number: 520-366-2135
Fax Number: _____

Company Name: Crizon
Contact Person: Linda Hammer
Address: 2455 Starlight Dr.
City/State/Zip: Happy Jack, AZ 86024
Phone Number: 928-649-6556
Fax Number: _____

Company Name: Wayford Health
Contact Person: Tom Wassen
Address: 8510 Cardinal Yell Rd
City/State/Zip: Rochester, IL 62563
Phone Number: 217-498-5900
Fax Number: 217-498-6944

Company Name: Wayford Health
Contact Person: Cheryl Long
Address: 1011 Riverview Lane
City/State/Zip: Ashland City TN 37015
Phone Number: 615 337-5573
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

**ON-SITE INSPECTION
ATTENDANCE REPORT**

ARIZONA
DEPARTMENT OF CORRECTIONS
1601 W. Jefferson, MC. 55302
PHOENIX, ARIZONA 85007

SOLICITATION NO. ADOC12-00001105

DESCRIPTION: Privatization of all Correctional Health Services

LOCATION/INSTITUTION ASPC-Winslow-Apache

An On-Site Inspection as cited above is scheduled at 2:00 pm
on November 16, 2011 with the following Offerors in attendance. (Please have Offerors sign on Attachment A)

The purpose of this Inspection is to allow Offerors the opportunity of a visual evaluation of the required task, familiarization with the facility(s) and to verbally have questions answered concerning interpretation or clarification prior to submitting a proposal. Any questions not construed as interpretation or clarification must be addressed by the Procurement Services Office. **The Offerors should be instructed to submit in writing any questions or concerns to the Procurement Services Office immediately following the on-site inspection. Questions may be faxed to the Procurement Services Office at (602) 364-3790. Please instruct Offerors that questions not forwarded immediately following the on-site inspection may result in not being answered due to inadequate time to respond to the questions.**

It is the responsibility of the DOC Representative to ensure that all Offerors in attendance sign Attachment A. This form, and Attachment A, must be returned to the Procurement Services Office, 1601 W. Jefferson, Mail Code 55302, Fax (602) 364-3790, upon completion of this meeting. This form will become a permanent record of the request for proposal file. **Failure to return this form may result in a delay in the solicitation process or a final award being made.**



DOC REPRESENTATIVE COMPLETING/SUBMITTING

11/16/11 DATE



TITLE OF REPRESENTATIVE ABOVE

ON-SITE INSPECTION
ATTENDANCE REPORT – ASPC-Winslow-Apache
November 16, 2011
Attachment A
SOLICITATION NO: ADOC12-00001105

Company Name: Wilford Health
Contact Person: Cheryl Long
Address: 1011 Riverview Lane
City/State/Zip: Atlanta City, TN 37015
Phone Number: 615-630-3011
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: CHC
Contact Person: J. M. Cleary
Address: 6200 S Syracuse Way
City/State/Zip: Greenwood Village CO
Phone Number: 520-366-2135
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: Wilford Health
Contact Person: Tom Dassen
Address: 8510 Cardinal Hill Rd.
City/State/Zip: Rochester IL 62863
Phone Number: 217-498-6900
Fax Number: 217-498-5944

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: MHN Services Inc
Contact Person: Deborah Crook
Address: 6937 Crook Rd
City/State/Zip: Minter AZ 36761
Phone Number: 334 549 2552
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

**ON-SITE INSPECTION
ATTENDANCE REPORT**

ARIZONA
DEPARTMENT OF CORRECTIONS
1601 W. Jefferson, MC. 55302
PHOENIX, ARIZONA 85007

SOLICITATION NO. ADOC12-00001105

DESCRIPTION: Privatization of all Correctional Health Services

LOCATION/INSTITUTION ASPC-Douglas

An On-Site Inspection as cited above is scheduled at 9:00 am
on November 17, 2011 with the following Offerors in attendance. (Please have Offerors sign on Attachment A)

The purpose of this Inspection is to allow Offerors the opportunity of a visual evaluation of the required task, familiarization with the facility(s) and to verbally have questions answered concerning interpretation or clarification prior to submitting a proposal. Any questions not construed as interpretation or clarification must be addressed by the Procurement Services Office. **The Offerors should be instructed to submit in writing any questions or concerns to the Procurement Services Office immediately following the on-site inspection. Questions may be faxed to the Procurement Services Office at (602) 364-3790. Please instruct Offerors that questions not forwarded immediately following the on-site inspection may result in not being answered due to inadequate time to respond to the questions.**

It is the responsibility of the DOC Representative to ensure that all Offerors in attendance sign Attachment A. This form, and Attachment A, must be returned to the Procurement Services Office, 1601 W. Jefferson, Mail Code 55302, Fax (602) 364-3790, upon completion of this meeting. This form will become a permanent record of the request for proposal file. **Failure to return this form may result in a delay in the solicitation process or a final award being made.**



DOC REPRESENTATIVE COMPLETING/SUBMITTING

11/17/11 DATE

RHA

TITLE OF REPRESENTATIVE ABOVE

ON-SITE INSPECTION
ATTENDANCE REPORT - ASPC-Douglas
November 17, 2011
Attachment A
SOLICITATION NO: ADOC12-00001105

Company Name: Correctional Health Care Co.
Contact Person: Ted Jolley
Address: 6200 S. Syracuse Way
City/State/Zip: Greenwood Village Co 80111
Phone Number: 8720 - 2483076
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: Corizon
Contact Person: Vickie Bybee
Address: 4550 S. Fresno ST
City/State/Zip: Chandler AZ 85249
Phone Number: 480-656-5706
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: Worford Health
Contact Person: Don Dawson
Address: 8510 Cardinal Phil Rd
City/State/Zip: Rochester IL 62563
Phone Number: 217-498-5906
Fax Number: 217 498 5944

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: Worford Health
Contact Person: Cheryl Long
Address: 1011 Riverview Lane
City/State/Zip: Ashland City TN 37015
Phone Number: 615 337 5573
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

**ON-SITE INSPECTION
ATTENDANCE REPORT**

ARIZONA
DEPARTMENT OF CORRECTIONS
1601 W. Jefferson, MC, 55302
PHOENIX, ARIZONA 85007

SOLICITATION NO. ADOC12-00001105

DESCRIPTION: Privatization of all Correctional Health Services

LOCATION/INSTITUTION ASPC-Douglas-Papago

An On-Site Inspection as cited above is scheduled at 2:00 pm
on November 17, 2011 with the following Offerors in attendance. (Please have Offerors sign on Attachment A)

The purpose of this Inspection is to allow Offerors the opportunity of a visual evaluation of the required task, familiarization with the facility(s) and to verbally have questions answered concerning interpretation or clarification prior to submitting a proposal. Any questions not construed as interpretation or clarification must be addressed by the Procurement Services Office. **The Offerors should be instructed to submit in writing any questions or concerns to the Procurement Services Office immediately following the on-site inspection. Questions may be faxed to the Procurement Services Office at (602) 364-3790. Please instruct Offerors that questions not forwarded immediately following the on-site inspection may result in not being answered due to inadequate time to respond to the questions.**

It is the responsibility of the DOC Representative to ensure that all Offerors in attendance sign Attachment A. This form, and Attachment A, must be returned to the Procurement Services Office, 1601 W. Jefferson, Mail Code 55302, Fax (602) 364-3790, upon completion of this meeting. This form will become a permanent record of the request for proposal file. **Failure to return this form may result in a delay in the solicitation process or a final award being made.**



DOC REPRESENTATIVE COMPLETING/SUBMITTING

11/17/11 DATE

RHA

TITLE OF REPRESENTATIVE ABOVE

ON-SITE INSPECTION
ATTENDANCE REPORT – ASPC-Douglas-Papago
November 17, 2011
Attachment A
SOLICITATION NO: ADOC12-00001105

Company Name: Correctional Health Care Co
Contact Person: Ted Jolley
Address: 6200 S. Syracuse Way
City/State/Zip: Greenwood Village CO
Phone Number: 520 248 3076
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: Corizon
Contact Person: Vickie Bybee
Address: 4550 S. Fresno St
City/State/Zip: Chandler, AZ 85249
Phone Number: 480-656-5706
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: Wesford Health
Contact Person: Cheryl Long
Address: 104 Riverview Lane
City/State/Zip: Ashland City TN 37015
Phone Number: 615 337 5573
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: Wesford Health
Contact Person: Tom Dawsey
Address: 8510 Cardinal Rd NE
City/State/Zip: Rochester IL 62563
Phone Number: 217-498-5900
Fax Number: 217-498-5944

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

**ON-SITE INSPECTION
ATTENDANCE REPORT**

ARIZONA
DEPARTMENT OF CORRECTIONS
1601 W. Jefferson, MC. 55302
PHOENIX, ARIZONA 85007

SOLICITATION NO. ADOC12-00001105

DESCRIPTION: Privatization of all Correctional Health Services

LOCATION/INSTITUTION ASPC-Safford-Ft. Grant

An On-Site Inspection as cited above is scheduled at 2:00 pm
on November 18, 2011 with the following Offerors in attendance. (Please have Offerors sign on Attachment A)

The purpose of this Inspection is to allow Offerors the opportunity of a visual evaluation of the required task, familiarization with the facility(s) and to verbally have questions answered concerning interpretation or clarification prior to submitting a proposal. Any questions not construed as interpretation or clarification must be addressed by the Procurement Services Office. **The Offerors should be instructed to submit in writing any questions or concerns to the Procurement Services Office immediately following the on-site inspection. Questions may be faxed to the Procurement Services Office at (602) 364-3790. Please instruct Offerors that questions not forwarded immediately following the on-site inspection may result in not being answered due to inadequate time to respond to the questions.**

It is the responsibility of the DOC Representative to ensure that all Offerors in attendance sign Attachment A. This form, and Attachment A, must be returned to the Procurement Services Office, 1601 W. Jefferson, Mail Code 55302, Fax (602) 364-3790, upon completion of this meeting. This form will become a permanent record of the request for proposal file. **Failure to return this form may result in a delay in the solicitation process or a final award being made.**



DOC REPRESENTATIVE COMPLETING/SUBMITTING

11/18/11
DATE



TITLE OF REPRESENTATIVE ABOVE

ON-SITE INSPECTION
ATTENDANCE REPORT – ASPC-Safford-Ft. Grant
November 18, 2011
Attachment A
SOLICITATION NO: ADOC12-00001105

Company Name: Corizon
Contact Person: Vickie Bybee
Address: 4550 S. Fresno St
City/State/Zip: Chandler, AZ
Phone Number: 480-656-5706
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: Welford Health
Contact Person: Cheryl Long
Address: 1011 Riverview Lane
City/State/Zip: Ashland City TN 37015
Phone Number: 615 337 5543
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: Welford Health
Contact Person: Tom Hassen
Address: 8510 Cardinal Hill Rd
City/State/Zip: Rochester IL 62563
Phone Number: 217-498-5900
Fax Number: 217-498-5944

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: Conviction Healthcare Co.
Contact Person: Top Tolley
Address: 6200 S. Syracuse Way
City/State/Zip: Greenwood Village, Co. 80111
Phone Number: 5202483076
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

**ON-SITE INSPECTION
ATTENDANCE REPORT**

ARIZONA
DEPARTMENT OF CORRECTIONS
1601 W. Jefferson, MC. 55302
PHOENIX, ARIZONA 85007

SOLICITATION NO. ADOC12-00001105

DESCRIPTION: Privatization of all Correctional Health Services

LOCATION/INSTITUTION ASPC-Safford

An On-Site Inspection as cited above is scheduled at 9:00 am
on November 18, 2011 with the following Offerors in attendance. (Please have Offerors sign on Attachment A)

The purpose of this Inspection is to allow Offerors the opportunity of a visual evaluation of the required task, familiarization with the facility(s) and to verbally have questions answered concerning interpretation or clarification prior to submitting a proposal. Any questions not construed as interpretation or clarification must be addressed by the Procurement Services Office. **The Offerors should be instructed to submit in writing any questions or concerns to the Procurement Services Office immediately following the on-site inspection. Questions may be faxed to the Procurement Services Office at (602) 364-3790. Please instruct Offerors that questions not forwarded immediately following the on-site inspection may result in not being answered due to inadequate time to respond to the questions.**

It is the responsibility of the DOC Representative to ensure that all Offerors in attendance sign Attachment A. This form, and Attachment A, must be returned to the Procurement Services Office, 1601 W. Jefferson, Mail Code 55302, Fax (602) 364-3790, upon completion of this meeting. This form will become a permanent record of the request for proposal file. **Failure to return this form may result in a delay in the solicitation process or a final award being made.**


DOC REPRESENTATIVE COMPLETING/SUBMITTING

11/18/11 DATE

RHA
TITLE OF REPRESENTATIVE ABOVE

ON-SITE INSPECTION
ATTENDANCE REPORT – ASPC-Safford
November 18, 2011
Attachment A
SOLICITATION NO: ADOC12-00001105

Company Name: CORIZON
Contact Person: Vickie Bybee
Address: 4550 S. Fresno T
City/State/Zip: Chandler, AZ 85249
Phone Number: 480-656-5706
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: Weyford Health
Contact Person: Cheryl Long
Address: 1011 Riverview Lane
City/State/Zip: Ashland City TN 37015
Phone Number: 615 337 8573
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: Weyford Health
Contact Person: Jim Densen
Address: 8510 Cardinal Hill Rd
City/State/Zip: Rochester, MI 48316
Phone Number: 217-498-5900
Fax Number: 217-498-5944

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: Correctional Healthcare Co.
Contact Person: Ted Jolley
Address: 6200 S. Syracuse Way
City/State/Zip: Greenwood Village, CO 80111
Phone Number: 520 248 3076
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____